

WMIRS-GROUND MISSION WORKSHEET

Mission Number: _____

Date: _____

IC: _____

Mission Number

Tracking Number

Vehicle Make/Model

Vehicle ID/License

Ground Sortie Date

Ground Sortie Type

Back up Date (If applicable)

Back up Date End (If applicable)

Call Sign

Departing From

Arriving At

Area Assigned (Use: State/City/Area)

Estimated Man Hours

Estimated Departure Time (Z)

Objective

Reimbursed To (CAPID Or Unit)
[Leave Blank]

Actual Departure Time (Z)

Actual Miles Driven [To the Nearest 10th of mile]

Vehicle Fuel/Oil [Actual cost: dollar/cents]

Mission Effectiveness [Successful/Not Successful*]

*Reason, If not Successful [See possible answers, instruction sheet]